

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/603953
APPLICANT(S)

FILING DATE

5-20-04

CLAIMS

	ORIGINAL		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1							51							
2		1						52							
3	/	/						53							
4		1						54							
5		1						55							
6	/	/						56							
7	/	/						57							
8	/	/						58							
9	/	/						59							
10		1						60							
11	/	/						61							
12		1						62							
13		1						63							
14		1						64							
15	/	/						65							
16		1						66							
17	/	/						67							
18	/	/						68							
19	/	/						69							
20	/	/						70							
21	/	/						71							
22								72							
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41								91							
42								92							
43								93							
44								94							
45								95							
46								96							
47								97							
48								98							
49								99							
50								100							
TOTAL IND.	1							TOTAL IND.							
TOTAL DEP.		1						TOTAL DEP.							
TOTAL CLAIMS	1	1						TOTAL CLAIMS							